

REMARKS

Claims 1, 2, 5, 6, 9, 13, 16, 20, 25, 27-34, 38, 40, 44-50 and 58-69 were pending and rejected. Claims 1, 5, 9, 16, 25, 40 and 58 are being amended. Claim 29 is being canceled. Claims 1, 2, 5, 6, 9, 13, 16, 20, 25, 27, 28, 30-34, 38, 40, 44-50 and 58-69 remain pending. Reconsideration is respectfully requested.

Before discussing the rejections to the claims, Applicant would like to thank Examiners C. Bleck and M. Tomaszewski for the telephone interview of February 1, 2007, during which Applicant's representative and the Examiners discussed the amendments to claim 1 being provided in this response and the scope of the Sato, Bluth and Joao references. No agreement was reached.

In sections 2 and 3, the Examiner rejected claims 1-2, 9, 13, 25, 27-29, 33, 34, 38, 40, 45-47, 63 and 66 under 35 USC § 103 as unpatentable over Sato in view of Bluth. Claim 29 is being canceled. Sato describes a wide-area medical information system that includes doctor terminals, patient terminals and a management server. Bluth teaches a network of medical kiosks coupled to a network server that stores the test results of its users and enables the users to give their doctors access to the test results. The system enables online examination and treatment. Claim 1, as amended, recites as follows:

1. A method, comprising:
 - establishing a virtual clinic on a network;
 - the virtual clinic having working relationships with medical professionals;
 - the virtual clinic having working relationships with patients;
 - the virtual clinic being associated with diagnostic centers, each diagnostic center having diagnostic testing equipment for generating diagnostic test results, a particular diagnostic center being other than a treatment-providing facility or a patient's private home;
 - the virtual clinic storing, for each diagnostic center, the location of the diagnostic center and identification of at least a portion of the diagnostic testing equipment at the diagnostic center;
 - receiving a request for medical services from the particular patient by the virtual clinic;

- establishing a real-time electronic communications link between the particular patient and a particular medical professional by the virtual clinic;
- receiving a request for a diagnostic test by the particular patient from the particular medical professional;
- enabling the particular patient to obtain the location of at least one diagnostic center having diagnostic test equipment corresponding to the diagnostic test;
- obtaining particular diagnostic test results by the particular patient at one of the diagnostic centers; and
- communicating the diagnostic test results to the particular medical professional.

Neither Sato nor Bluth describes (1) the virtual clinic storing for each diagnostic center the location of the diagnostic center and identification of at least a portion of the diagnostic testing equipment at the diagnostic center, (2) enabling a particular patient to obtain the location of at least one diagnostic center having diagnostic test equipment corresponding to the diagnostic test, where (3) a particular diagnostic center is other than a treatment-providing facility or a patient's private home. Independent claims 9, 25 and 40 as amended contain limitations similar to amended claim 1. Accordingly, applicant respectfully submits that claim 1 as amended is novel over Sato in view of Bluth, and respectfully requests the rejection of claim 1 be withdrawn. For similar reasons, Applicant respectfully requests the rejections of claims 9, 25 and 40 and claims 2, 13, 27, 28, 33, 34, 38, 45-47, 63 and 66 which depend therefrom also be withdrawn.

In sections 4, the Examiner rejected claims 5, 6, 16, 20, 30-32, 41-44, 48, 49 and 58-60 under 35 USC § 103 as obvious over Sato in view of Bluth and further in view of Joao. Joao teaches a system for providing healthcare information to patients, medical professionals, insurance carriers, etc. Joao does not describe an online examination and treatment center. Accordingly, one skilled in the art would not be motivated to combine Joao with Sato. Regardless, neither Sato, nor Bluth, nor Joao describes (1) the virtual clinic storing for each diagnostic center the location of the diagnostic center and identification of at least a portion of the diagnostic testing equipment at the diagnostic center, (2) enabling a particular patient to obtain the location of at least one diagnostic center having diagnostic test equipment corresponding to the diagnostic test, where (3) a particular diagnostic center is other than a

treatment-providing facility or a patient's private home, as recited in amended claim 1 and similarly recited in amended claims 5, 16, 25, 40 and 58. Applicant respectfully submits that independent claims 1, 5, 16, 25, 40 and 58 and claims 2, 6, 20, 30-32, 41, 42, 44, 49, 59 and 60 dependent therefrom are nonobvious over Sato, Bluth and Joao for at least these reasons. Applicant respectfully request the rejections be withdrawn.

In section 5, the Examiner rejected claim 50 under 35 USC § 103 as obvious over Sato, in view of Bluth, and further in view of SoRelle. SoRelle describes a doctor referral fee. However, SoRelle does not describe (1) the virtual clinic storing for each diagnostic center the location of the diagnostic center and identification of at least a portion of the diagnostic testing equipment at the diagnostic center, (2) enabling a particular patient to obtain the location of at least one diagnostic center having diagnostic test equipment corresponding to the diagnostic test, where (3) a particular diagnostic center is other than a treatment-providing facility or a patient's private home, as recited in amended claim 40, from which claim 50 depends. Accordingly, Applicant respectfully submits that claim 50 is nonobvious over Sato, Bluth and SoRelle, and respectfully requests the rejection of claim 50 be withdrawn for at least this reason.

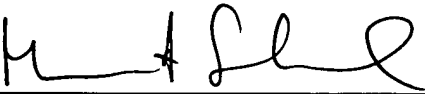
In section 6, the Examiner rejected claims 61, 62, 64 and 65 under 35 USC 103 as obvious over Sato, in view of Bluth, and further in view of official notice. Specifically, the Examiner takes official notice of the technique of placing a diagnostic center in an apartment complex (noting assisted living facilities), and in a workplace (noting corporations with medical personnel on staff). However, neither Sato, nor Bluth, nor official notice describes (1) the virtual clinic storing for each diagnostic center the location of the diagnostic center and identification of at least a portion of the diagnostic testing equipment at the diagnostic center, (2) enabling a particular patient to obtain the location of at least one diagnostic center having diagnostic test equipment corresponding to the diagnostic test, where (3) a particular diagnostic center is other than a treatment-providing facility or a patient's private home. Accordingly, Applicant respectfully requests the rejection of claim 61, 62, 64 and 65 be withdrawn for at least this reason.

In section 7, the Examiner rejected claims 67-69 under 35 USC § 103 as obvious over Sato, in view of Bluth, further in view of Joao, and still further in view of official notice. Specifically, the Examiner indicated that claims 67-69 recite similar subject matter as claims 61 and 62, and thus are unpatentable for at least the same reasons. However, neither Sato, nor Bluth, nor Joao, nor official notice describes (1) the virtual clinic storing for each diagnostic center the location of the diagnostic center and identification of at least a portion of the diagnostic testing equipment at the diagnostic center, (2) enabling a particular patient to obtain the location of at least one diagnostic center having diagnostic test equipment corresponding to the diagnostic test, where (3) a particular diagnostic center is other than a treatment-providing facility or a patient's private home. Accordingly, Applicant respectfully requests the rejection of claim 67-69 be withdrawn for at least this reason.

If the Examiner has any questions or needs any additional information, the Examiner is invited to contact the undersigned.

Respectfully submitted,

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